

RATE COMPUTATION SCHEDULE

APPLICANT: _____

PROPOSED BUDGET DATES: _____ THROUGH _____

No.		(1) TOTAL ASSIGNED	(8) ASSIGNED TO SERVICES			
			A:	B:	C:	D:
1	TOTAL ASSIGNED EXPENSES (LINE 10, FORM 7A)	-	-	-	-	-
2	REVENUE (LINE 9, FORM 6B)	-	-	-	-	-
3	TOTAL SERVICE EXPENSES (LINE 1 MINUS LINE 2) (See note below)	\$ -	\$ -	\$ -	\$ -	\$ -
4	NUMBER OF TOTAL UNITS (ITEM 9, FORM 3)					
5	COMPUTED RATE PER UNIT (LINE 3 / LINE 4)		#VALUE!	#VALUE!	#VALUE!	#VALUE!
6	RATE REQUESTED BY APPLICANT (ATTACH FEE SCHEDULES IF APPLICABLE)					

NOTE: Line 3 Total Service Expenses MUST
agree with section 10 (FUNDING
SOURCES) total on Form 6B Revenue.

RATE COMPUTATION SCHEDULE

APPLICANT: _____

No.		(1) TOTAL ASSIGNED	(8) ASSIGNED TO SERVICES			
			E:	F:	G:	H:
1	TOTAL ASSIGNED EXPENSES (LINE 10, FORM 7A)	-	-	-	-	-
2	REVENUE (LINE 9, FORM 6B)	-	-	-	-	-
3	TOTAL SERVICE EXPENSES (LINE 1 MINUS LINE 2) (See note below)	\$ -	\$ -	\$ -	\$ -	\$ -
4	NUMBER OF TOTAL UNITS (ITEM 9, FORM 3)					
5	COMPUTED RATE PER UNIT (LINE 3 / LINE 4)		#VALUE!	#VALUE!	#VALUE!	#VALUE!
6	RATE REQUESTED BY APPLICANT (ATTACH FEE SCHEDULES IF APPLICABLE)					

NOTE: Line 3 Total Service Expenses MUST
agree with section 10 (FUNDING
SOURCES) total on Form 6B Revenue.

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APPLICANT: _____

No.		(1) TOTAL ASSIGNED	(8) ASSIGNED TO SERVICES			
			I:	J:	K:	L:
1	TOTAL ASSIGNED EXPENSES (LINE 10, FORM 7A)	-	-	-	-	-
2	REVENUE (LINE 9, FORM 6B)	-	-	-	-	-
3	TOTAL SERVICE EXPENSES (LINE 1 MINUS LINE 2) (See note below)	\$ -	\$ -	\$ -	\$ -	\$ -
4	NUMBER OF TOTAL UNITS (ITEM 9, FORM 3)					
5	COMPUTED RATE PER UNIT (LINE 3 / LINE 4)		#VALUE!	#VALUE!	#VALUE!	#VALUE!
6	RATE REQUESTED BY APPLICANT (ATTACH FEE SCHEDULES IF APPLICABLE)					

NOTE: Line 3 Total Service Expenses MUST
agree with section 10 (FUNDING
SOURCES) total on Form 6B Revenue.

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APPLICANT: _____					
No.		(1) TOTAL ASSIGNED	(8) ASSIGNED TO SERVICES		
			M:	N:	O:
1	TOTAL ASSIGNED EXPENSES (LINE 10, FORM 7A)	-	-	-	-
2	REVENUE (LINE 9, FORM 6B)	-	-	-	-
3	TOTAL SERVICE EXPENSES (LINE 1 MINUS LINE 2) (See note below)	\$ -	\$ -	\$ -	\$ -
4	NUMBER OF TOTAL UNITS (ITEM 9, FORM 3)				
5	COMPUTED RATE PER UNIT (LINE 3 / LINE 4)		#VALUE!	#VALUE!	#VALUE!
6	RATE REQUESTED BY APPLICANT (ATTACH FEE SCHEDULES IF APPLICABLE)				

NOTE: Line 3 Total Service Expenses MUST agree with section 10 (FUNDING SOURCES) total on Form 6B Revenue.